



POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/593,052
	Filing Date	September 15, 2006
	First Named Inventor	Cui, Jianjun
	Title	A MYOPIA THERAPY APPLIANCE AND...
	Art Unit	
	Examiner Name	
	Attorney Docket Number	15544NP

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	2006.11.13
Name	Jianjun Cui	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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